InfoVIHtal
INFORMACIÓN BÁSICA SOBRE EL VIH
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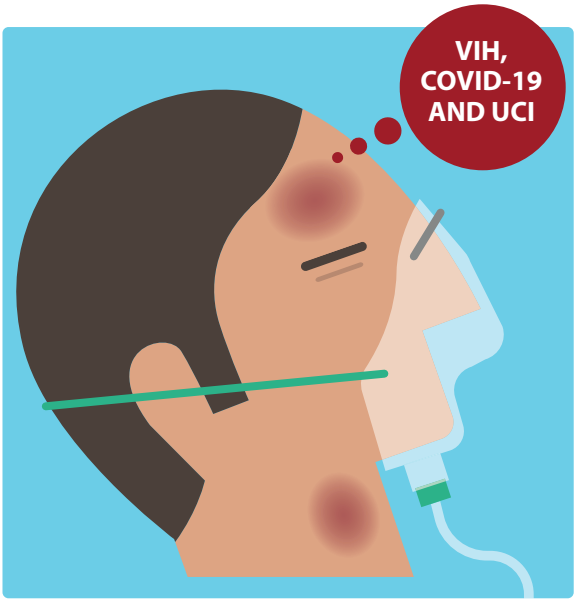
INGLÉS

Thanks to antiretroviral treatment, people with HIV have a survival rate similar to that of the population at large. Preventing them access to specific healthcare resources or to specific treatments during the COVID-19 pandemic on account of their serological status or any other consideration would be discriminatory and contrary to any rule of law.

HIV, **COVID-19** AND INTENSIVE CARE



grupo de trabajo sobre tratamientos del VIH
ENTIDAD DECLARADA DE UTILIDAD PÚBLICA
ONG DE DESARROLLO

SUBVENCIONA

GOBIERNO DE ESPAÑA · MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL
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¿TIENES DUDAS SOBRE EL TEMA? PREGÚNTANOS
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01 LEGALLY-ESTABLISHED RIGHT

The SARS-CoV-2 coronavirus pandemic is causing a large-scale health crisis both because of the number of infected people, who pose a risk to the rest of the population, and because of the large number of people who become sick with COVID-19 and who very often require hospital and critical healthcare.

A scarcity of healthcare resources against the background of an emergency healthcare situation **can require the establishment of criteria for prioritising access to these resources.** This is particularly important in the SARS-CoV-2 pandemic because of the shortage of beds in intensive care units (ICUs) and, in particular, of mechanical ventilators to cover all the existing needs of the population as a whole.

Prioritisation criteria must be objective, generalisable, transparent, public, and agreed by consensus, without prejudice also to the evaluation of unique and individual aspects of each patient with COVID-19.

Our laws prohibit the use of discriminatory criteria for any reason to prioritise patients in these circumstances. Preventing patients from access to specific healthcare resources or to certain treatments, for example, solely because of advanced age or of the coexistence of specific serious pathologies, albeit currently with good prospects (such as HIV infection), is discriminatory and contrary to the very foundations of our rule of law (Art. 14 of the Spanish Constitution). This means that people vulnerable to COVID-19 **or people with disabilities in any of their manifestations** –in the event that a shortage of basic healthcare resources makes it impossible to cover the needs of the entire population–, **will be subject to the application of clinical criteria for the admission to an ICU of patients with severe symptoms and the application of assisted mechanical ventilation under exactly the same conditions as any other citizen.**

02 HIV AND INTENSIVE CARE

People with HIV who are taking antiretroviral treatment have a normal life expectancy. In the event of an extreme scarcity of healthcare resources, they should therefore be treated under the same conditions as the rest of the population or, in other words, in accordance with the clinical criteria of each specific case. Furthermore, **given that HIV –whether it is being controlled or not– is quickly treatable, it should not be a criterion for exclusion from access to healthcare resources.**

HIV, **COVID-19** AND INTENSIVE CARE

Healthcare professionals caring for patients with HIV and COVID-19 in the emergency department and the ICU of hospitals should be aware that:

01 / People with an HIV infection that is properly controlled with antiretroviral treatment have a similar life expectancy to the population at large.

02 / In Spain, 93.4% of people diagnosed with HIV receive antiretroviral treatment. Of these, 90.4% have an undetectable viral load.

03 / To date, there is no evidence to suggest that the effects of coronavirus infections (SARS, MERS and COVID-19) are worse in people with HIV.

04 / People with HIV on antiretroviral treatment, with an undetectable viral load and a CD4 count of over 200 cells/mm^3 are not at greater risk of developing serious complications associated with COVID-19.

05 / HIV infection is not a predictive factor of mortality in people with acute lung injury who are hospitalised in intensive care.

06 / COVID-19 may be associated with a significant reduction in T cells, including CD4 counts, in all patients.

Different scientific societies that specialise in HIV have developed clinical recommendations with a view to guiding healthcare professionals in decision-making with regard to the care of patients with HIV and COVID-19 in ICUs, and the importance of maintaining antiretroviral treatment while they are hospitalised:

01/ **HIV testing should be included in the diagnostic evaluation** of people with acute respiratory disease.

02/ **Properly controlled HIV infection should not be considered as a prognostic factor** when evaluating whether a patient should be prioritised in the ICU

03/ Cases of patients with HIV and COVID-19 admitted to the ICU **should be discussed with an HIV team that includes a HIV specialist pharmacist.**

04/ COVID-19 may be associated with a significant decrease in CD4 T cells. **The CD4 count should therefore be determined for all HIV patients hospitalised for COVID-19. They should be administered with prophylaxes** against opportunistic infections if necessary.

05/ **HIV treatment should not be interrupted, even if the patient's health deteriorates.** Antiretroviral therapy could be changed in the event of acute kidney injury, haemofiltration, and dialysis, in collaboration with the hospital's HIV team.

06/ Some antiretroviral drugs inhibit tubular creatinine secretion, which could cause underestimation of the glomerular filtration rate. As a result, **some people might be misdiagnosed with chronic kidney disease.** It is therefore advisable to consult basal renal function with the HIV team.

07/ Use of the protease inhibitor atazanavir is normally associated with unconjugated hyperbilirubinemia that has no clinical consequences.

08/ Use of certain antiretroviral drugs –particularly ritonavir and cobicistat– is associated with potentially serious drug interactions. **ICU physicians should consult drug interaction databases before prescribing any medication.**

09/ Some antiretroviral drugs must be administered together with food.

10/ Some antiretroviral drugs have a liquid formulation or can be conveniently prepared for nasogastric administration.

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Source: *Spanish Ministry of Health Report on ethical issues in pandemic situations: SARS-CoV-2. Ministry of Health, Government of Spain. 3 April 2020.*

Statement by the European AIDS Clinical Society (EACS) and the British HIV Association (BHIVA) [20/03/2020]: Joint statement on risk of Coronavirus (COVID-19) for people living with HIV (PLWH)

Intensive Care Society (ICS) and British HIV Association (BHIVA) statement on considerations for critical care for people with HIV during COVID-19 [03/04/2020]

FREE COVID-19 HELPLINE NUMBERS

Andalusia	900 400 061 / 955 545 060
Aragón	976 696 382
Asturias	984 100 400 / 900 878 232 / 112 + 1
Cantabria	900 612 112
Castile-La Mancha	900 122 112
Castile and León	900 222 000
Catalonia	061
Ceuta	900 720 692
Madrid Com.	900 102 112
Valencian Com.	900 300 555
Extremadura	900 222 012
Galicia	900 400 116
Balearic Islands	902 079 079 / 971 437 079
Canary Islands	900 112 061
La Rioja	941 298 333
Melilla	112
Murcia	900 121 212
Navarra	948 290 290
Basque Country	900 203 050

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